Division	n of Health Care Fac	lities 30th (0/30/1	7	RINTED: 06/02/201 FORM APPROVE	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION NAME OF PROVIDER OR SUPPLIER		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 • MAIN BUILDING 01 B. WING		(X3) DATE SURVEY COMPLETED R 05/30/2017	
		TN2601				
				STATE, ZIP CODE		
SOUTHE	RN TENN MEDICAL C		PITAL ROAD STER, TN 3			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	: ID			
PREFIX TAG	REGULATORY OR LE	MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	DE COMPLETE	
{N 831}	1200-8-608 (1) Bu		(N 831)	N831	6/36/1	
; ; ;	the overall nursing h	shall construct, arrange, and on of the physical plant and dome environment in such a ety and well-being of the		This facility does maintain the smoke/walls.	fire	
	residents are assure	ed.		All residents residing in the facility ha potential to be affected.	ve the	
; ; ;	This Rule is not me Based on observation	ns, the facility failed to		The penetration above the PT doors we repaired with 3M fire caulk by 6/26/17 the maintenance staff.	by	
!	maintain the overall. The findings inlouded	physical enviornment.		The penetration above the East smoke was repaired with 3M fire caulk on 6/2 by the maintenance staff.	doors 26/17	
	Observation on 5/2 revealed unsealed point the following areas Above PT doors Above East smoke			The Maintenance Director or his design will monitor through observation mont ensure that there are no penetrations in fire walls. This will be done on an ongobasis. Findings will be reported by the	thly to the oing	
	Maintenance staff was present when this deficiency was identified and it was later acknowledged by the administrator during the exit conference on 5/30/17.			Maintenance Director or his designee to Quality Assurance Performance Improvement Committee monthly time months and then quarterly. The Quality Assurance Performance Improvement Committee consists of the Medical Director	o the es 3 y	
•				Administrator, Director of Nursing, So Services, MDS Coordinator, Admission Dietary / Environmental Services Mana Maintenance, and Therapy.	cial ns,	
:		- The second of			:	
on of Heat	Ith Care Fecilities	/SUPPLIER REPRESENTATIVE'S SIGNA		<u> </u>		

PRINTED: 06/02/2017 FORM APPROVED

Division of Health Care Fac STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	- West - West			MAPPROVE	
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:		PLE CONSTRUCTION G: 03 - EMERALD/HODGSON		(X3) DATE SURVEY COMPLETED	
NAME OF ORGANISA	TN2601	B. WING		R 05/30/2017		
NAME OF PROVIDER OR SUPPLIER	STREET AC	DRESS, CITY.	STATE, ZIP CODE			
SOUTHERN TENN MEDICAL (CENTER SNF 629 HOSI	PITAL ROAD				
(X4) ID SUMMARY STA	TEMENT OF DEFICIENCIES	TER, TN 3				
TAG REGULATORY OR L	YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH GROSS-REFERENCED TO THE APP DEFICIENCY)	CHIODE	(X5) COMPLETE DATE	
N 831: 1200-8-608 (1) Bt		N 831	N831	- ·- ·	العلالعا	
the overall nursing the conditi	shall construct, arrange, and on of the physical plant and home environment in such a		This facility does maintain the pi	ped in		
residents are assur	manner that the safety and well-being of the residents are assured.		All residents residing in the facili potential to be affected.	ty have the	:	
			The Maintenance Director will ha	ive	;	
This Rule is not me	d an acido a de		assessed and separated any dissin	ilar metals	i	
This Rule is not me Based on observation maintain the medica	ons, the facility failed to all gas lines above ceiling.	•	on the skilled hallway by 6/26/17			
	• !		The Maintenance Director or his	designee		
The finding inlouded	l:		will monitor through observation	monthly to		
Observation on 5/30	0/17 at 1:11 PM-1:15 PM, as lines in contact with the skilled hallway. NFPA: Edition) NFPA 99, 5.1.10.11.2 was present when this tified and it was later the administrator during the exit 1/17.		ensure that there are no dissimilar		•	
· revealed medical ga			lines touching the metal gas lines, be done on an ongoing basis. Fin	. This will	!	
oissimilar metals on 101, 19.3,2,4 (2012		i	be reported by the Maintenance D	irector or	!	
(2012 Edition)			his designee to the Quality Assura	ence	!	
Maintenance staff w			Performance Improvement Commonthly times 3 months and then			
deficiency was ident			The Quality Assurance Performan	quantriy. Tee		
acknowledged by the		}	Improvement Committee consists			
conference on 5/30/			Medical Director, Administrator,			
	ł		Nursing, Social Services, MDS Co	oordinator,		
· !		İ	Admissions, Dietary / Environme			
			Services Manager, Maintenance, a Therapy.	and		
:		ļ		:		
:				;		
1						
:				i		
•		1				
1		1		:		
n of Health Care Facilities			<u></u>	·		
NIVAY DIRECTOR'S OR PROVIDER	VSUPPLIER REPRESENTATIVE'S SIGNA	TURE	TITLE		X6) DATE	
FORM POCKY HOP	sco3		Administrator	, (^	xcl i ¬	

Division of Health Care Facilities STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 - MAIN BUILDING 01 TN2601 05/30/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 629 HOSPITAL ROAD SOUTHERN TENN MEDICAL CENTER SNF WINCHESTER, TN 37398 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) {N 831} 1200-8-6-.08 (1) Building Standards {N 831} N831 613611 (1) A nursing home shall construct, arrange, and This facility does maintain the smoke/fire maintain the condition of the physical plant and walls. the overall nursing home environment in such a manner that the safety and well-being of the All residents residing in the facility have the residents are assured. potential to be affected. The penetration above the PT doors will be repaired with 3M fire caulk by 6/26/17 by This Rule is not met as evidenced by: the maintenance staff. Based on observations, the facility failed to The penetration above the East smoke doors maintain the overall physical enviornment. was repaired with 3M fire caulk on 6/26/17 by the maintenance staff. The findings inlouded: 1. Observation on 5/30/17 at 10:42 AM-10:45 AM, The Maintenance Director or his designee will monitor through observation monthly to revealed unsealed penetrations in the rated walls in the following areas: ensure that there are no penetrations in the a. Above PT doors fire walls. This will be done on an ongoing b. Above East smoke doors basis. Findings will be reported by the Maintenance Director or his designee to the Quality Assurance Performance Maintenance staff was present when this Improvement Committee monthly times 3 deficiency was identified and it was later acknowledged by the administrator during the exit months and then quarterly. The Quality conference on 5/30/17. Assurance Performance Improvement Committee consists of the Medical Director, Administrator, Director of Nursing, Social Services, MDS Coordinator, Admissions, Dietary / Environmental Services Manager, Maintenance, and Therapy.

Division of Health Care Facilities

.ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

Administrator

(X6) DATE

If continuation sheet 1 of 1

Division of Health Care Facilities STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 03 - EMERALD/HODGSON TN2601 B. WING 05/30/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 629 HOSPITAL ROAD SOUTHERN TENN MEDICAL CENTER SNF WINCHESTER, TN 37398 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID. (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) N 831, 1200-8-6-,08 (1) Building Standards 「ルンとしず N 831 N831 (1) A nursing home shall construct, arrange, and This facility does maintain the piped in maintain the condition of the physical plant and medical gas lines the overall nursing home environment in such a manner that the safety and well-being of the All residents residing in the facility have the residents are assured. potential to be affected. The Maintenance Director will have assessed and separated any dissimilar metals This Rule is not met as evidenced by: on the skilled hallway by 6/26/17. Based on observations, the facility failed to maintain the medical gas lines above ceiling. The Maintenance Director or his designee will monitor through observation monthly to The finding inlouded: ensure that there are no dissimilar metal lines touching the metal gas lines. This will Observation on 5/30/17 at 1:11 PM-1:15 PM. revealed medical gas lines in contact with be done on an ongoing basis. Findings will dissimilar metals on the skilled hallway. NFPA be reported by the Maintenance Director or 101, 19.3.2.4 (2012 Edition) NFPA 99, 5.1.10.11.2 his designee to the Quality Assurance (2012 Edition) Performance Improvement Committee monthly times 3 months and then quarterly. Maintenance staff was present when this The Quality Assurance Performance deficiency was identified and it was later acknowledged by the administrator during the exit Improvement Committee consists of the conference on 5/30/17. Medical Director, Administrator, Director of Nursing, Social Services, MDS Coordinator, Admissions, Dietary / Environmental Services Manager, Maintenance, and Therapy.

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

(X6) DATE